

Preventing Prescription Fraud

Fifth Edition



“I totally understand how your dog could have eaten your last three prescriptions. Here’s a new stock bottle to get you through the week. Just call next time, there’s no need to come in.”

Published by

The Missouri Task Force on the Misuse, Abuse
and
Diversion of Prescription Drugs

Missouri Task Force on Misuse, Abuse and Diversion of Prescription Drugs

Missouri Bureau of Narcotics and Dangerous Drugs
Missouri Board of Pharmacy
Missouri Bureau of Emergency Medical Services
United States Drug Enforcement Administration
Missouri State Board of Registration for the Healing Arts
Office of the Missouri Attorney General
Missouri Dental Board
Missouri State Board of Nursing
Missouri State Board of Optometry
Missouri State Board of Podiatric Medicine
Missouri Veterinary Medical Board
Missouri State Medical Association
Missouri Association of Osteopathic Physicians and Surgeons
Missouri Dental Association
Missouri Hospital Association
Missouri Nurses Association
Missouri Optometric Association
Missouri Pharmacy Association
Missouri Physicians Health Program (MSMA)
Physicians Health Program (MAOPS)
Missouri Veterinary Medical Association
Missouri League for Nursing
Missouri Retailers Association

Dear Reader:

The Missouri Task Force on Misuse, Abuse and Diversion of Prescription Drugs is a voluntary coalition of professional healthcare associations, licensing boards, law enforcement agencies, state regulatory agencies and healthcare industry representatives. Historically, several regulatory agencies would collect and publish a monthly newsletter. The newsletters would contain a “*Scam of the Month*” article that would educate practitioners about schemes and swindles that professional patients and drug seekers would use to take advantage of unwary practitioners. The Task Force published a pamphlet for 24 years called, “*Scam of the Month*.” This publication was initiated in 1984 when the chairman of the Task Force was Ed Corchoran of the Division of Alcohol and Drug Abuse. This publication was changed in 2009 to “*Preventing Prescription Fraud*.”

This latest 2011 booklet, the sixth edition, is one component of a comprehensive on-going Task Force effort to improve health professionals’ and law enforcements’ awareness of critical aspects of America’s prescription drug abuse problem. The publication has been renamed to emphasize fraud in obtaining drugs.

We live in a time of unprecedented access to information about pharmaceuticals and healthcare processes, policies and issues. With such knowledge, professional patients are becoming more sophisticated and audacious. The Task Force publishes this information in an effort to alert and educate professionals in healthcare and law enforcement, and to help them identify and prevent attempts to divert prescription drugs by fraud.

While reviewing this booklet, please keep in mind that it is not the intent of the Task Force to inhibit the prescribing of controlled substance medications for legitimate medical needs. Prescribing controlled substance medications is always a balancing act; the practitioners must do their best to safely and effectively treat their patients while at the same time avoid prescription practices that could potentially foster drug misuse or abuse.

- Drug seekers lie, deceive, and make false representations;
- Drug seekers hide material facts;
- Drug seekers alter prescriptions that have been written for them;
- Not all drug seekers abuse drugs. Many are seeking drugs to transfer them to others or they are seeking them to sell.

Please keep this booklet and refer to it as needed to refresh your awareness and to educate others. Use this information to protect and defend your practice against unscrupulous patients. We hope this booklet serves to prevent the abuse, misuse and diversion of drugs throughout the state of Missouri.

Sincerely,

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“All that is necessary for evil to succeed is that good men do nothing.”

--Edmund Burke

1 - The Obese Person Scam

The “scam” is that the overweight person tells the physician that they are very unhappy due to their chronic weight problem. Their spouse is about to leave them, their children are embarrassed, their weight is affecting their work and life seems to be passing them by. They profess to be weak and unable to maintain a diet regimen. In desperation, they have contemplated suicide and now they want to consider having their jaws wired shut or part of their intestines removed. The interview and initial examination are usually tearful, well delivered, and inexorably moves to a consideration of medication as an alternative.

At this point, the discussion of diet drugs comes into play. The patient may have knowledge of what drugs to ask for. The patients may ask for Schedule II amphetamines. If the physician refuses, the “professional patient” quickly acknowledges that another drug has worked in the past, and also suggests a couple of refills. At this point, the patient may also ask for a prescription for a tranquilizer or benzodiazepine because it will be difficult to sleep and relax while on the new diet.

Once the patient has obtained the prescriptions and medications, they have the drugs in their possession to abuse them or sell them on the street.

Practitioners’ Note: *Physicians are reminded of the high potential for abuse of stimulant controlled substances. Studies consistently indicate that weight loss induced by stimulants is temporary, unless the patient modifies their behavior through dieting, exercise and change of lifestyle. Physicians should be wary of patients unknown to them, who have knowledge of current weight reduction drugs, and/or mention diet drugs that have previously worked for them. Physicians should check to see if the patient is actually losing weight during the treatment and if they are administering the diet drugs as directed.*

2 - The Grandparent Scam

The grandparent scam involves what appears to be an innocent young person and their supposedly terminally ill grandparent. They are travelling across the country so the grandparent can be near family when they “pass on.”

The grandparent may actually show a scarred abdomen and claim they had surgery at the V.A. or other public hospital. They claim excruciating pain and allergies to certain pain remedies. The conversation usually turns to narcotics and other strong analgesics. The grandparent mentions “strong” narcotics that have worked in the past.

After obtaining the prescription, the family may either self-administer the drugs or sell the drugs on the street. A frequent postscript to this “scam” is that the innocent young grandchild may actually return and report the drugs were lost, stolen, flushed down the toilet, or ruined in the laundry, thus asking for a second prescription.

Practitioners’ Note: *Practitioners are cautioned to be wary of patients who are unknown to them; who demonstrate behavior associated with drug abuse; who do not have proper identification; whose medical history or current treating practitioner cannot be verified; and who behave suspiciously. A request for positive identification, names and telephone numbers of previous or other practitioners can be an effective deterrent. Please consult with the previous treating practitioner when needed.*

3 – Pain While Traveling Scam

This scam is similar to the “Grandparent Scam”. It involves a person who claims to be suffering from cancer, fibromyalgia, or other chronic pain. The patient is able to name the strong drugs that bring them relief. They tell the practitioner that they are staying with a friend or relative that is quite some distance from where their treating practitioner is located.

4 - The Hyperactive Child Scam

A parent may present their child to the physician, claiming that the child suffers from attention deficit disorder or ADHD. The parent claims they are new to the area or have used a physician who has left the area. The parent usually asks for a prescription for “Ritalin”. The parent may even be so bold as to ask for a higher strength or larger quantity. In some instances, an adult will obtain methylphenidate for the child, but the child is never administered the medication. In some instances, the adult is able to obtain the medication without the child even being examined.

Practitioners’ Note: *Practitioners are cautioned to conduct their own evaluation and make their own diagnosis of patient complaints and conditions. Not only should there be an examination of the child, but interviews of family members and the child’s schoolteacher are important sources of information. Methylphenidate is a commonly abused drug in Missouri. Physicians are cautioned to be alert for people seeking drugs for hyperactivity and attention deficit disorder when the children are unknown to the physician, when the adults and children have insufficient identification, cannot prove enrollment in a nearby school or otherwise appear suspicious. Positive identification of parents, children and communications with teachers can be strong deterrents. No controlled drugs should be prescribed without an examination or proper physician-patient relationship.*

5 - The Toothache Scam

A popular scam involves individuals claiming to have a dental problem enabling them to obtain narcotic analgesics from a dentist as well as a physician at the same time. Some individuals actually have a legitimate dental problem such as an impacted tooth or cavity, but they take steps to prolong the problem or prevent it from healing or being treated merely to enable them to obtain narcotics.

The scam begins with a call to a dentist’s office requesting a telephone prescription for a controlled substance pain medication. The patient is in immediate and excruciating pain. The dentist may call in a prescription with the directive to make an appointment to have the problem fixed or actually schedule an appointment. Appointments for dental care are made but the individual rarely shows up for the appointment.

However, the patient may keep the appointment, but will request additional prescriptions or refills while refusing or postponing the dental treatment. Of course, the dental treatment would eliminate the need for any future controlled drug prescriptions.

Practitioners’ Note: *Each practitioner should be aware of other practitioners your patients are seeing and what drugs they are receiving. Family physicians should know about dental treatment and dentists should know about medications prescribed by the family physician. Patients should not be prescribed controlled substances without an examination or proper practitioner-patient relationship. The patient usually names the pharmacy they want the prescription called in to. Call the pharmacy and speak with the pharmacist. They should be able to inform you as to which other practitioners and medications the patient has utilized.*

It is understood that practitioners on call are placed in an awkward position at times trying handle situations such as this. Limiting prescriptions to a minimum amount needed and reviewing a patient's chart for previous emergency calls if possible is recommended.

6 - Forged or Stolen Records Scam

An individual may attempt to obtain a copy of a patient's medical records, especially if the patient was treated with controlled substance medications. The scammer will then "white out" the patient's name and type in their own. The forms are then copied so the document appears un-altered.

The scammer can then visit a practitioner, provide a copy of "their" supposed medical records and pretend to suffer from the medical condition noted in the records. This is usually done when the medical condition is non-specific and not able to be confirmed. Examples of such medical conditions might be fibromyalgia, migraine headaches, and chronic pain due to nerve damage, etc.

The scammer then asks the practitioner to prescribe the medication that they previously received because it was so effective.

Practitioners' Note: *Practitioners are cautioned to conduct their own evaluations and make their own diagnosis. Medical histories, records and past treatment should be confirmed before providing treatment based on the information. Any records provided by a patient seeking controlled drugs should be verified. In this case, as in others, verifying identity and telephoning to verify information are very helpful.*

7 - The Help Me, I'm an Addict Scam

Professional patients and drug seekers may use this scam to obtain controlled substances. The "patient" arrives at a physician's office and confesses that they are addicted to narcotics. They make a tearful and convincing plea for help and beg the physician's assistance in "getting straight." They tell the physician what medication and how many tablets they are taking each day.

The patient will get the physician to start weaning them by prescribing a small amount of medication, with frequent follow up visits. Unknown to the physician is the fact that this patient is seeing several other physicians, providing the same plea. If successful, the patient takes the prescriptions to several different pharmacies to avoid detection.

Practitioners' Note: *Physicians should be aware that state and federal law prohibits the prescribing of any narcotic for the purpose of detoxification. Patients must be admitted to an approved Narcotic Treatment Program (NTP) where they can be monitored and supervised. For more information on treatment for detoxification or NTPs, please call the Department of Mental Health, Division of Alcohol and Drug Abuse at (573) 751-4942, the Bureau of Narcotics and Dangerous Drugs or your local Drug Enforcement Administration Office in St. Louis or Kansas City.*

8 - Good Samaritan Doctor Scam

A practitioner may appear in a pharmacy with a prescription for a controlled substance that they have written for a patient and claim that they will take or deliver the medication to the patient. The patient may even be a relative of the doctor.

While this may be true, the pharmacist should check or confirm this situation with the patient. Obviously, this may present an awkward situation for the pharmacist, but the pharmacist can call the patient later on the pretext to see if the patient had any questions about their medication. The offer to counsel a patient on their medication is both a positive factor and it is required by law.

Practitioners' Note: *Pharmacists are reminded that Section 195.070.4, RSMo Supp. 1998, states that practitioners may not prescribe or dispense a controlled substance medication to themselves (except in a true medical emergency). If a pharmacist is presented with this situation, they should contact the Bureau of Narcotics and Dangerous Drugs or their local Drug Enforcement Administration Office.*

9 - The Racehorse Scam

A man posing as a racehorse owner approaches a veterinarian and requests a large amount of drugs. The man claims that the drug is a very effective calming agent for his high spirited-horses when they are being transported.

The horse owner calls the veterinarian to let him know when he needs more drugs to transport his horses. The veterinarian can hear racetrack, barn or rodeo noises in the background. The horse owner usually obtains large amounts of drugs and pays in cash.

Investigation revealed that the "horse-owner" did not own any horses. His telephone calls were made from a motel room with a cassette tape playing racetrack noise in the background. The drugs he purchased was sold on the streets. The man scammed numerous veterinarians.

Practitioners' Note: *Veterinarians are cautioned to be wary of any requests for large amounts of controlled substances, especially from customers unknown to them. Veterinarians should know their customers and animals and make their own diagnosis. A request for identification and telephone calls can be effective deterrents. Veterinarians should be wary of allowing people other than their staff access to controlled substances.*

10 - The Police Report Scam

A patient returns to his practitioner shortly after a previous visit. The patient explains to the practitioner that he was robbed or burglarized and his controlled substance medication was stolen. The patient has proof that he reported the theft to the police and presents a copy of a police report. The patient requests a replacement prescription. (See page 15 regarding lost prescriptions)

This ploy is very successful, enabling the patient to double their drug supply.

Practitioners' Note: *A police report does not prove that drugs were stolen. A patient can falsify information to the police and make a false report, just as they may scam practitioners. Let the patient know that this may have happened once, but they are responsible for ensuring that their medications are secured to prevent any future theft. Inform the patient that you will not replace their medication if it is lost again.*

11 - Friend in the Doctor's Office Scam

Practitioners should be aware that substance abusers might attempt to develop relationships with members of their office staff in order to obtain controlled substances or blank prescription pads. Receptionists, secretaries, nurses, temporary employees, assistants and cleaning crews may have access to prescription pads, drugs, and medical records. These employees may also be able to call in prescriptions to pharmacies and even intercept calls made by pharmacy staff to confirm medication orders.

These relationships may be social, for financial gain or even blackmail.

Practitioners' Note: *Prescribers can minimize the possibility of dishonest and unethical behavior by office staff by implementing and enforcing good policies and procedures and maintaining communications with staff. Enforce good office discipline and good security measures. Tightly control prescriptions pads and limit access to drugs only to those staff who are authorized. Communicate with pharmacies yourself if possible.*

Conduct background checks for criminal violations and check references before hiring. State and Federal law prohibit the employment of any individual who has pled guilty to or been convicted of a controlled substance violation if they have access to controlled substances under any circumstances. This includes if they have access or authority to call in an order for a controlled substance medication. A practitioner or medical institution may request a waiver from the DEA and BNDD to allow controlled substance access by such an individual. If upon review the waiver is approved, then the individual may be allowed access to controlled substances.

12 - Blood in the Urine Scam

Professional patients have used this technique to make their illness more convincing. They conceal a needle in their clothing. While providing a urine sample in the privacy of a bathroom, they prick their finger and place blood in the urine. The bleeding from the finger stops quickly.

Practitioners' Note: *Physicians are cautioned to be wary of patients who are unknown to them, have insufficient identification, request certain types of medication, or otherwise appear suspicious. A request for a thorough medical history, identification and a few telephone calls can be effective deterrents to such scams.*

13 - The Altered Script Scam

Practitioners who short-cut proper prescription writing practice, especially those who use Arabic numerals for dose amounts or quantities, are easy marks for professional patients. Simply matching the ink, a drug-seeking patient can change a 10 into a 100 or 5 into 50.

Practitioners' Note: *Practitioners are cautioned to always utilize good prescription writing practices. Use ink, write out the actual quantity of medication prescribed by spelling out the number, as well as the Arabic or Roman numeral, be sure to indicate the number of refills if any, otherwise mark None or Zero and NEVER leave prescription pads unattended.*

14 - The Guard Dog Scam

On several occasions, Missouri veterinarians have fallen prey to requests for stimulant controlled substances for the avowed purpose of making guard dogs more alert and aggressive.

This same request may be made, but by an individual who claims that it improves their dog's performance at dog shows or competitions.

Practitioners' Note: *Veterinarians are reminded that medications may only be prescribed for legitimate medical needs. Be wary of contact by persons unknown, especially when they request to leave the premises with controlled substances. A request for identification and questioning can be effective deterrents.*

15 - The Overweight House Pet Scam

Veterinarians have been known to prescribe amphetamines or steroids upon request by pet owners who contend that they need the drug to control their animal's weight problem.

Practitioners' Note: *Veterinarians are cautioned to be alert to any contact by persons unknown to them, especially when they request to leave the premises with controlled substances. A request for identification and questioning can be effective deterrents. Medications are to be prescribed only for legitimate medical needs.*

16 - The Drug Salesman Scam

A representative from a pharmaceutical company visits a practitioner or pharmacy to sell them drugs. After the practitioner has placed an order and signed it, the salesman will add extra drugs to the practitioner's order. When the order arrives, the practitioner receives drugs that he did not order. The practitioner will contact the salesman and report the extra, unordered drugs.

The salesman will profusely apologize and blame it on the shipping department. The salesman will tell the practitioner that if he will go ahead and pay the bill and store the extra drugs, he will come by and reimburse the practitioner and pick up the unwanted drugs. A day later, the salesman will pick up the extra drugs and reimburse the practitioner with a personal check or other check from account that the salesman has set up.

This allows the salesman to obtain controlled substances by using the practitioners' controlled substance purchasing authority.

Practitioners' Note: *Practitioners, pharmacies and hospitals are cautioned to be alert for any suspicious irregularity in ordering and receiving their controlled substances. They should verify that unwanted medications are returned to the proper place and their accounts are credited.*

17 - The Professional Patient

Upon reviewing pharmacy records, it was noted that a practitioner was writing quite a few prescriptions for Schedule II narcotics. Upon reviewing the prescriptions and making a few calls, it was learned that this person was obtaining narcotics at several different pharmacies by presenting prescriptions in his name, as well as his wife and daughter's name.

Upon contacting the practitioner, it was learned that he no longer saw the patient and had not written any prescriptions for that family. When the suspect returned to pick up his prescriptions, the police confronted him. It was learned that the man had stolen a prescription pad and was forging prescriptions using the names of his family members and visiting several pharmacies.

Practitioners' Note: *Pharmacists are cautioned to review each prescription to not only verify that it is a legitimate prescription, but to monitor how much the patient has received, when their last prescription was picked up, determine if the patient is taking the medication according to the doctor's instructions and to see if the dosing is therapeutically appropriate. Verifying the patient's identification, asking specific questions and contacting the prescriber are very good deterrents to forgery and doctor shopping.*

18 - Everyone at This Address Has Prescriptions

A review of pharmacy records reveals that a number of people giving the same home address are taking sedatives and tranquilizers. All of them claim to work night shift and have difficulty resting. Further review reveals that each of the patients has seen multiple practitioners and obtained drugs at multiple pharmacies. It seems that everyone was addicted to controlled substances and no one was employed.

In another instance, several people sharing a house were all receiving Schedule II narcotics. Each had seen several doctors for chronic back pain and was taking prescriptions to area pharmacies.

Practitioners' Note: *Practitioners should verify whom they are treating by requesting positive identification. Checking a phone directory is another option. Be wary of patients referring friends who suffer from similar symptoms or maladies that require treatment with controlled substances.*

19 - Calling in Fraudulent Prescriptions

Throughout Missouri, it is very common for drug seeking patients to telephone prescriptions into pharmacies posing as a practitioner or member of the practitioner's staff. The caller will know the information and manner with which prescriptions are called. The caller may even discuss brand name versus generic.

Practitioners' Note: *Pharmacists and staff need to be alert when accepting telephone prescriptions. They need to decide if the caller's voice and background noise sound legitimate; is it the appropriate time for a refill, is the drug, strength, quantity, and dosage form correct, are they familiar with the person who is calling in the prescription.*

It is a good idea to call a practitioner's office and verify telephone prescription orders, if only occasionally. If the caller gives you a call back number, it might be to their home, and not the practitioner's office. Look up the practitioner's telephone number yourself and confirm the prescription.

Remember how to verify a correct DEA number—

EXAMPLE: AW6928254 Henry J. Weber, M.D.

1. Does the second letter match the first letter of the practitioner's last name?
 AW.....W for Weber

2. Add the first, third, and fifth numbers together.
 $6 + 2 + 2 = 10$
3. Add the second, fourth and sixth numbers together, and then double that total.
 $9 + 8 + 5 = 22$. $22 \times 2 = 44$.
4. Now add the two totals together, $10 + 44 = 54$. The last digit of the total should be the same as the last number of the DEA number.
54.....AW6928254.

20 - Asleep at the Wheel Scam

This is a scam in which the patient claims to have narcolepsy and his job requires him to drive. The patient will deliver a very well rehearsed plea for amphetamines or other stimulants and will try to obtain a Schedule II amphetamine or other stimulant.

Practitioners' Note: *It is very important for practitioners to make their own diagnosis. A few phone calls to previous treating practitioners is a good deterrent.*

21 - The Aggravated Stump Scam

A patient with an amputated limb will present themselves to a physician claiming to be a long way from home and in very bad pain because the tissue around their amputation is red, inflamed, sore and aggravated. They request narcotics and state that it will be quite a while before they get back home so they need a large quantity. They may also start naming the drugs that they wish to be prescribed because others do not work. They will try to get the largest quantity of the strongest drug they can. This scam has been successfully perpetrated in the past when amputees inflame and aggravate the tissue around their amputation using sandpaper or chemicals.

Practitioners' Note: *Physicians are cautioned to be alert to patients who are unknown to them. Many scams start with, "I'm a long way from home and I have an immediate problem." These patients could have their regular treating physicians call in prescriptions for them. A request for positive identification, proper medical evaluation and a telephone call to their treating physician can be strong deterrents.*

22 - The Practitioner on Call Scam

This particular scam has been used many times with variations. The format is generally the same.

A practitioner who is "on call" receives a telephone call. This call comes from a person who is ill or calling on behalf of a friend or relative who is ill and cannot come to the phone. The person pleads for medication to treat the illness. A plausible story is usually given, the caller's goal – for the practitioner to order or prescribe the medication desired.

These types of scam are similar because –

1. The covering practitioner is on call and not at their office when contacted.
2. The practitioner does not have access to their medical records to review or confirm information.
3. The call comes direct from the person wanting the prescription, and not through an

answering service.

Practitioners' Note: *Practitioners are cautioned against dealing with persons unknown to them, especially when they want a prescription without an examination. The practitioner should ask several questions and refer the patient to the emergency room if appropriate. When prescribing, authorize only an amount sufficient to treat the patient until they can come in for an office visit or speak to their regular practitioner. Experience and judgment are the best defenses in these cases. Communicating with the pharmacy about the patient's medication history can also be very helpful.*

23 - Theft by Substitution

Medical staff in clinics and hospitals may gain access to the controlled drug supply area and self-administer or steal injectable controlled substance medications. The syringes, vials or tubexes are then refilled with saline or sterile water. The syringes appear to be intact and full during inventory.

Practitioners' Note: *People responsible for drug security need to eliminate opportunities for drug diversion. Special attention should be given to staff who act erratically or disappear into the restrooms at odd times. Syringes, vials and tubexes not only need to be counted during inventory, but they need to be examined for tampering. If you feel a container has been tampered with, it should be reported immediately. You should contact your own security staff, but be sure to contact the DEA and BNDD also.*

24 - New Doctor Scam

A pharmacy receives a call stating that a new practitioner has moved into town and opened a new practice. The caller provides the pharmacy with the practitioner's name, address, phone number, fax number and DEA number.

Patients begin arriving bearing prescriptions from the new doctor. The prescriptions appear legitimate. During the second week, prescriptions are faxed or called in by the new practitioner's office.

Investigation may reveal that a new practitioner has not moved to town and opened a new practice. The name, address and DEA number are phony. Prescription pads were printed at a local copy or printing shop. The phone number and fax number go to a hotel room. The con artist has sent his cohorts in to pick up the prescriptions for sale on the street.

Practitioners' Note: *Pharmacists may want to meet new practitioners and have more information on file about them, or even establish code words to be used when calling in prescriptions. Pharmacists may verify licenses to practice medicine with the Board of Healing Arts and/or Controlled Substance Registrations with the BNDD. The BNDD provides current registrant information on our website at: www.dhss.mo.gov/BNDD*

25 - The Hospice Scam

Drug seekers may sit outside a hospice office. They may follow a hospice nurse on their rounds. The drug seeker may go through the trash at a patient's home to learn the patient's name, who their practitioner is, what medication they are being treated with and which pharmacy provides their medications. The drug seeker can compile a list of terminally ill patients who are being treated with narcotic analgesics. The suspects may then attempt to burglarize the home, phone in their own

prescriptions using the information they have gathered or accost the hospice nurse if they have picked up medication from the pharmacy for the patient.

If the suspect learns of a patient's death, they may attempt to go through the trash looking for medications that have been thrown away.

Practitioners' Note: *Once medication is prescribed and in the hands of the patient, it is the patient's property. The patients and family members should be educated not to give the medications to anyone else. When a medication is discontinued or a hospice patient dies, the hospice nurse should destroy the remaining medication with the family's permission and acting as a witness.*

Is it Too Early to Pick Up a Refill?:

Just how many days early should a refill be dispensed? This is a judgment call for the practitioner and the pharmacy. There are many factors to consider:

- The major factor is how well the medical provider knows the patient. Are they a long time patient with whom they have developed a trust? Are they a newer patient who is more unknown and seems to always want drugs too soon?
- Some patients mistakenly wait until all of their medication is gone and they have missed doses while getting a refill. Practitioners expect patients to have a supply of medications to maintain their legitimate drug regimens. Patients should get a refill before they totally run out.
- Some patients only pick up medications on certain dates that coincide with their trips to a practitioner or their trips "to town" when they do other shopping.
- Some patients only pick up prescriptions based upon pay day.
- Some patients may want a refill early if they are leaving the area to travel.
- The pattern to look for is a patient who repeatedly wants a refill more than a week early in multiple instances. The pattern to look for is a patient who may be running out early because they are not taking the medication as directed.
- Practitioners should prescribe what they mean and then mean what they prescribed. If a patient is consistently running out early, this could mean they are not taking the medication as directed. Practitioners should speak to them about adjusting the medication dosage. If you want them to take 3-a-day, then prescribe that. If that is not working, then change it. If the medication dosage is not working, please adjust it. Do not repeatedly write the prescriptions for the same amount and then authorize the patients to get refills early. There is a problem when the patient keeps getting a 30-day supply every 12 days. This is bad security.

I Lost My Prescription—Can I Have Another?:

This is a follow up to Scam #10, the Police Report Scam. Experience has taught us to be very suspicious of patients who lose medications. Of course, this depends upon your experience, knowledge and trustworthiness of the patient. Ask yourself these questions:

- Has my pet ever eaten my medicine?
- Have I ever sent my medication through the laundry?
- Has someone ever broken into my house/car and taken my medicine?
- Have I ever accidentally knocked my medicine off the counter and into the toilet/disposal?
- Have I ever misplaced or lost a prescription and had to have it totally replaced?
- Have I ever lost medicine in any fashion, more than once?

Some practitioners will tell patients if they go make a police report, they will write a new prescription. The scammers will do that with no problem. They have already committed a felony by lying to you so telling one more lie to a policeman is no problem for them.

Some practitioners inform patient up front that they do not replace any lost or stolen medications. The patients have to wait until their next visit. If the patients are deemed to be more trustworthy the practitioners sometimes write them a new prescription with a limited quantity until the next office visit.

When you consider the questions listed above, the loss of a medication is something that should almost never happen.

PROTECTING YOUR PRACTICE

The security and accountability for controlled substances is the responsibility of the person who is authorized to order or prescribe controlled substances. It is the responsibility of the prescribing/dispensing practitioner to insure that adequate security and controls are in place to detect and prevent the diversion of controlled substances.

For Dispensing Practitioners: Dispensing practitioners are expected to have constant accountability for all controlled substances in their possession and know if and when a dose is missing. Practitioners are required to monitor their controlled substances through the required record keeping requirements.

- Visit the BNDD website at www.dhss.mo.gov/BNDD and review the educational handouts for protecting your practice and maintaining required records.
- Insure controlled substances are locked and secured at all times.
- It is advisable for all controlled substance activities to require a witness.

When Issuing Prescriptions: Pursuant to federal law, both the prescriber and the pharmacy have a corresponding liability to insure that all of the information on a prescription is complete and accurate. A prescription that is not completed cannot be legally dispensed. Practitioners are encouraged to develop practices to prevent prescription fraud.

- Fill in all of the blanks completely so that a patient cannot alter a name, alter a date or change an address.
- Do not leave a lot of blank space at the bottom of a prescription where a patient can add additional medications.
- Only write for quantities that are necessary to meet your goals as a practitioner. Do not write excessive amounts so that the patient will have a supply left over.
- Do not stop after writing an Arabic numeral, such as “10.” But also write it out in longhand, such as “ten.” Many scammers change the 10 into 40, or 60 or 100. Numbers written in longhand prevent this alteration.
- Emergency room physicians should write prescriptions for emergency quantities. Drug seekers who get a 30-day supply from an emergency room will usually come back.

Supervise Your Personnel: Do not blindly trust personnel. Controlled substances are controlled because people want to divert them. Consider the following:

- We have all heard stories of employees who have stolen or diverted drugs;
- These employees were trusted, otherwise they would have not been placed in a position to illegally divert drugs;
- Practitioners do not allow patients into their drug supply areas, therefore the drugs diverted in a practice were diverted by a worker in the practice.
- All people have stressors in their lives from time to time that may lead them to make bad decision such as diverting drugs for themselves, a friend, a family member, or telephoning in a false prescription that was not authorized by the practitioner.
- Implement and enforce proper security and procedures. Access and handling of all controlled substances should be witnessed, checked and verified.

- Employers should conduct criminal background checks, contact former employers, and verify licenses and disciplinary actions before employing anyone.
- Have a policy that allows drug testing to take place in the event you need to conduct an internal investigation in your practice.
- Divide up the duties. Do not let one person have too many unchecked duties such as being the purchaser, the person who checks in the drugs, documents the inventories and then pays the bills.
- Do not allow employees to dispense to, or call in prescriptions for their own family members.

Give Yourself a Check Up: Step outside your role as a practitioner and assume the role of inspector.

- Are your employees complying with office policies and procedures?
- Are all policies and procedures in compliance with state and federal laws?
- Are all drugs accounted for?
- Do you know what has been ordered; how much has been dispensed; and what is left in stock?
- Are your records in order so you can find things immediately? All records should be maintained on a current basis so you can conduct an audit to determine if any drugs are missing.
- Could you divert drugs without being noticed? (If you can, so can your staff)
- Are your prescription pads locked up securely?
- Call local pharmacies and ask them to run a print out of the prescriptions you have written during the last two months. You should recognize your patient's names and your prescribing habits. If there is someone getting prescriptions you haven't seen, you have a problem.

Never Dispense or Prescribe Without a Patient Chart: The majority of licensing boards require that a patient chart be established for each patient that contains a history, patients' complaints or symptoms, notes regarding subjective and objective observations, a treatment plan and medications provided. The majority of boards consider that if a patient chart does not exist, then a legitimate practitioner-patient relation has not been established. Controlled substance laws require all controlled substance activities to be documented in a patient's chart. Without this documentation, there would be no record of what medications have been provided or if a refill would be timely. Not having a chart not only violates various practice acts but it also violates drug laws for incomplete documentation, bad security and dispensing or prescribing in the absence of good faith. It is very risky for a practitioner to carry a prescription pad with them for prescribing for people when they are out and about in the community.

Drug Seekers Share Information and Give You a Reputation:

Drug seekers run in the same circles, attend the same parties, share drugs and share information. They are seeking an easy "mark" to get drugs. They are looking for a practitioner that is naïve or too busy to be careful. Your reputation carries over to the local pharmacies as well.

- When a patient "scams" you, the felony they are committing is FRAUD.
- It is because they lied, made a false representation or hid a material fact, or altered a prescription in order to get controlled substances.
- When authorities are investigating these scammers, the authorities are investigating a fraud crime.
- Authorities must prove the patient lied or made a false representation.
- If the practitioner does not ask questions, then the scammers don't have to lie. You should ask a lot of detailed questions and document answers to protect your practice.
 - What other medications are you on now?

- What other practitioners have you seen or are you seeing now?
- What medications have been prescribed for you?
- Drug seekers are looking for practitioners who do not ask questions. They want a practitioner that is easy to get to; they don't have to say much or provide much information; and refills are easy to get.
- Once scammers are getting the drugs they want from an unwary practitioner, studies show that many of the subsequent prescriptions are from calling and asking for refills and practitioners issue prescriptions without seeing the patient.
- As long as patients are filling out paperwork in your waiting room, provide them with a medication contract that explains they are expected to be honest and provide you with accurate information. Lying, making false representations, and hiding material facts in order to get controlled substances is a felony. Altering a prescription is a felony. Patients should be informed that these illegal activities are not only grounds for termination but also reportable to law enforcement.
- Place a nice sign in your lobby that informs patients that you report all prescription fraud to law enforcement.
- Scammers who have difficulty in your practice will not come back and they will move on in search of a practitioner who is an easier mark. The scammers came to you because the last practitioner who caught them did not report them. If you do not report them, they will go on to the next practitioner. This adds to the problem for all practitioners.

Reporting Professional Patients:

When you recognize a drug seeking patient, these individuals should be dealt with immediately. State boards and regulatory agencies license and regulate medical professionals. They do not have authority over patients. When patients violate drug laws, it is law enforcement who must handle them.

- Confidentiality laws do not protect lies, misrepresentations, fraudulent acts and these felonies. You may contact law enforcement and report what the patient said and did as it regards to their attempt to fraudulently get drugs. HIPAA does not protect fraud or crimes.
- You may consider terminating the patient, notify them in writing, and make their records available for their next practitioner. If they believe you are "abandoning" them, you can inform them you will have their records and actions reviewed by authorities.
- You may place the patient on a strict contract.
- By state law and federal law and HIPAA, controlled substance records and documentation are open for inspection and copying by licensing boards, the BNDD, the DEA and local law enforcement.
- When a pharmacy calls because a patient altered a prescription, you should cancel the prescription. Allowing that prescription to be dispensed violates controlled substance security laws.

Communicating With Pharmacies:

Federal law states that both the prescriber and the pharmacy/pharmacist have a corresponding liability when controlled substance prescriptions are dispensed. Pharmacists play a vital role in notifying practitioners of what patients are presenting in their pharmacies.

- If the pharmacy takes the time to call your practice then your practice should take the time to verify information with them. It is all done in the name of proper patient care, patient safety and compliance with laws.
- Pharmacies are usually the first to identify "scammers" and notify practitioners of suspicious behavior.
- Fraudulent patients are not only committing fraud in the doctors' offices but they are also committing fraud in the pharmacies. It is a crime to just possess an altered prescription. The pharmacy does not have to dispense the drug in order for there to be a crime.

- If practitioners are starting to refuse to prescribe for a patient, then this should send a message to the pharmacies. If pharmacies are refusing to dispense prescriptions to a patient, then this should send a message to the practitioners.

Communicating With Law Enforcement:

Medical practitioners are very concerned with confidentiality, patient records, HIPAA and civil liabilities. Here are the basics all Missouri practitioners should know:

- All controlled substance activities must be documented and maintained at the registered practice location.
- Pursuant to Section 195.375.5, RSMo, all controlled substance records are open for inspection to local law enforcement in Missouri.
- Police should present practitioners with a written request for the records they want. The request should be specific. They are limited to controlled substance purchasing records, receipts, inventories, administration records and dispensing records. This includes the patients' names and address and dates. Police do not have the right to see diagnoses, prognosis, test results, lab work or other chart information that is not controlled substance related.
- You may make a copy and redact the protected information so the police only see controlled substance documentation.
- Confidentiality laws do not protect people who are committing fraud or other crimes.
- HIPAA does not protect criminal acts.
- If a practitioner or pharmacy fails to produce a record to law enforcement as required, this is a misdemeanor. If a practitioner is convicted of this misdemeanor, they would lose their controlled substance registrations for two years.
- Pursuant to Missouri law, practitioners are given civil immunity for all controlled drug records they provide to the BNDD. Although this should be rare, practitioners may release their drug records to BNDD so that BNDD can review them and then forward them to law enforcement.
- The police are most likely to ask you if you authorized the drugs for the patient and if you knew they were seeing other practitioners for other drugs. The police will want to know if the patient made false statements to you.